

Name
in
Full

CERTIFICATE OF DEATH

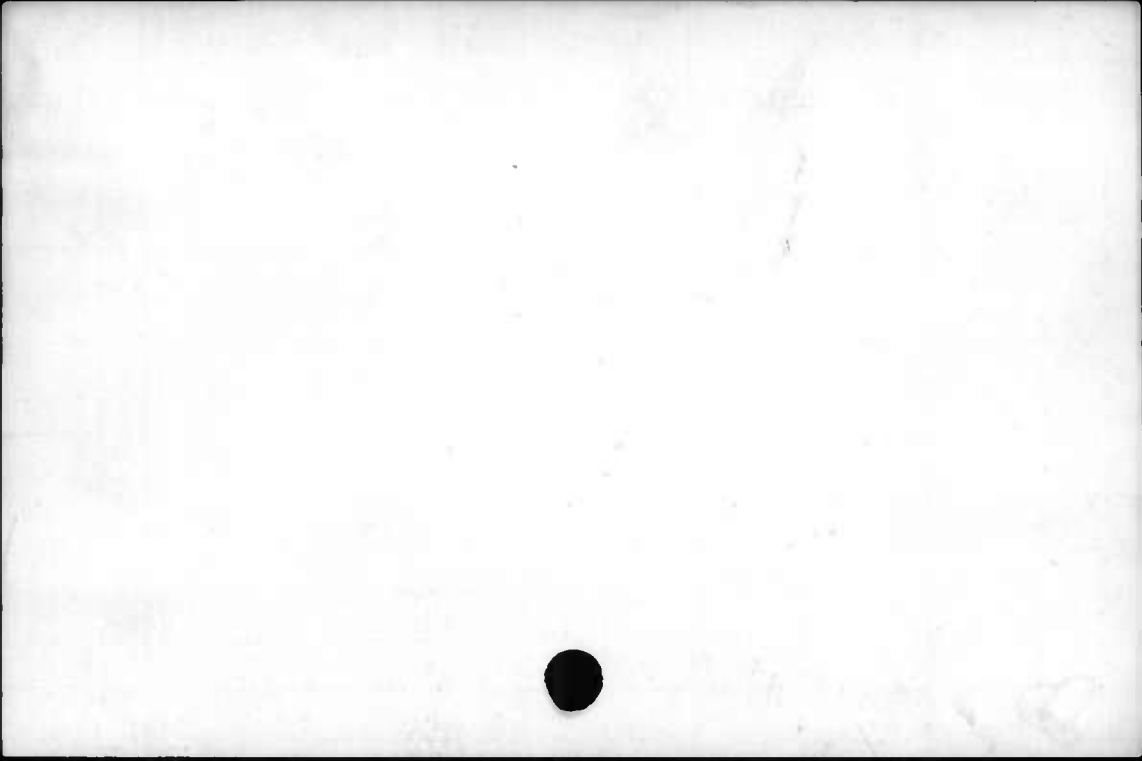
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrow</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>20</i>	Age <i>63</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>Policeman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>M.</i>	Name of Wife or husband <i>Susan M. Shroy</i>				
Father's Name <i>William J. Addinam</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lydia Higgins</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Susan M. Shroy</i>					

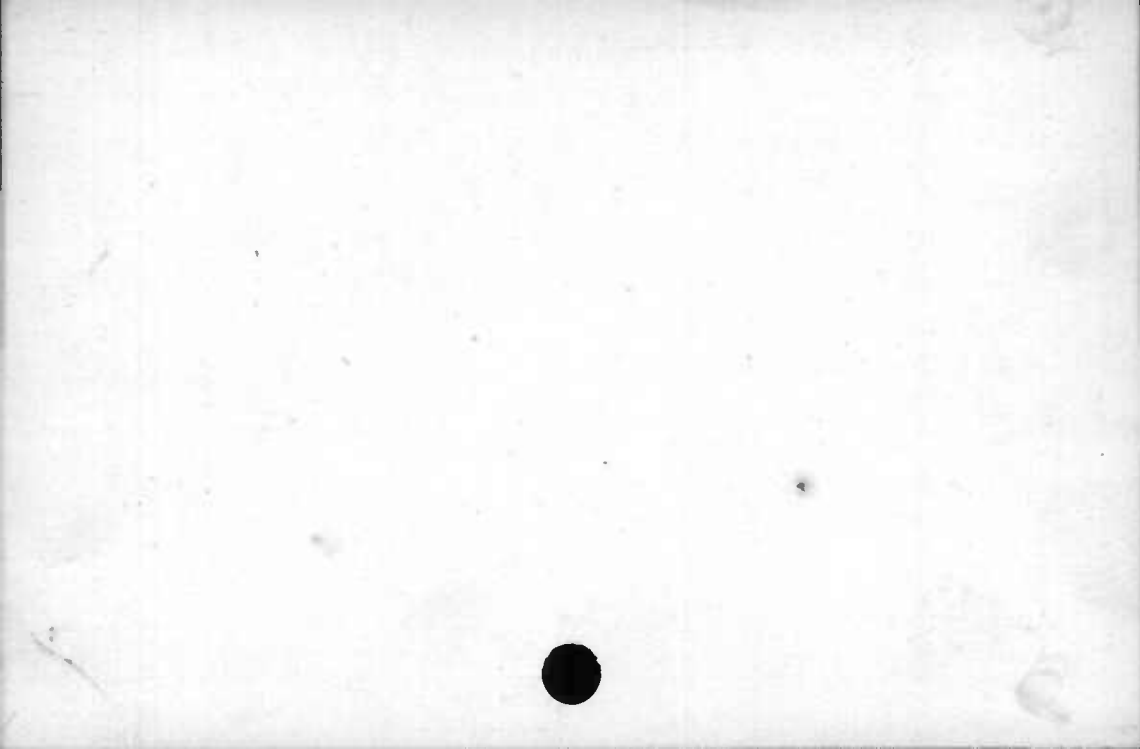
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis Pulmonum</i>	How long <i>3 years</i>
Immediate <i>Asthma</i>	How long <i>emo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank W. Smith</i>
	Address <i>Garrow</i>
Accident or Suicide?	<i>Ind</i>



Name in Full		George Edward Baley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rock Hall		County Kent		MARYLAND
	Date of death		1904	Month Oct	Day 17	Age 74	Months —
	Sex		Male		Color or Race Black		Birth-place Virginia
	Occupation Laborer				Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Adaline Baley Ma		
	Father's Name		Milton Baley		Father's Birthplace Va.		
Mother's Maiden Name		Emmaline Moore		Mother's Birthplace Va.			
Name of person giving information		Adaline Baley		How related to deceased			Wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Bright Disease		How long 14 months		
	Immediate		Exhaustion		How long 3 months		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address R. B. Beall M.D. Rock Hall Md		
Accident or Suicide?							



Name
in
Full

John Bergen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town		County <u>Hent</u>		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct</u>	Day <u>14</u>	Age <u>74</u> Years	Months <u>4</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Y. S.</u>		
Occupation <u>Laborer</u>	Where Residing If not at place of death <u>_____</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>_____</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>_____</u>				
Name of person giving information <u>W^m Guiller</u>	How related to deceased <u>friend</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cardiac Asthma</u>	How long <u>(79)</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>L. P. Atwell M.D.</u>
		Address <u>Still Pond</u>
Accident or Suicide?		<u>ind.</u>

Edman

Name
In
Full

Mary Biddle

CERTIFICATE OF DEATH

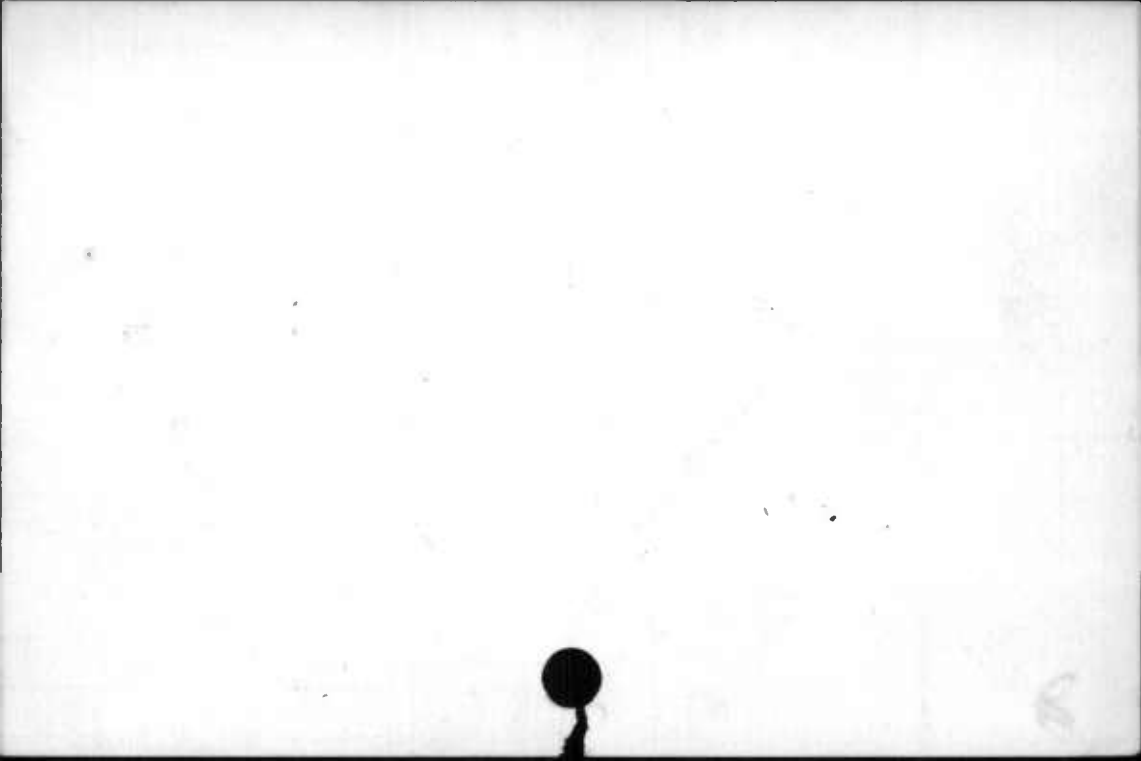
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beetonsville</i> Town		County <i>Kear</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>48</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne's Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Samuel Biddle</i>				
Father's Name <i>Wm H. Lewis</i>	Father's Birthplace <i>Queen Anne's</i>				
Mother's Maiden Name <i>Sarah (Lindsay) Lewis</i>	Mother's Birthplace <i>Queen Anne's</i>				
Name of person giving information <i>Wm H. Lewis</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Aneurysm</i>	How long <i>Two Years</i>
Immediata	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Goode MD</i>
<i>[Signature]</i>	Address <i>Millington Md.</i>
Accident or Suicide?	



Name
in
Full

Lillie Blackston

CERTIFICATE OF DEATH

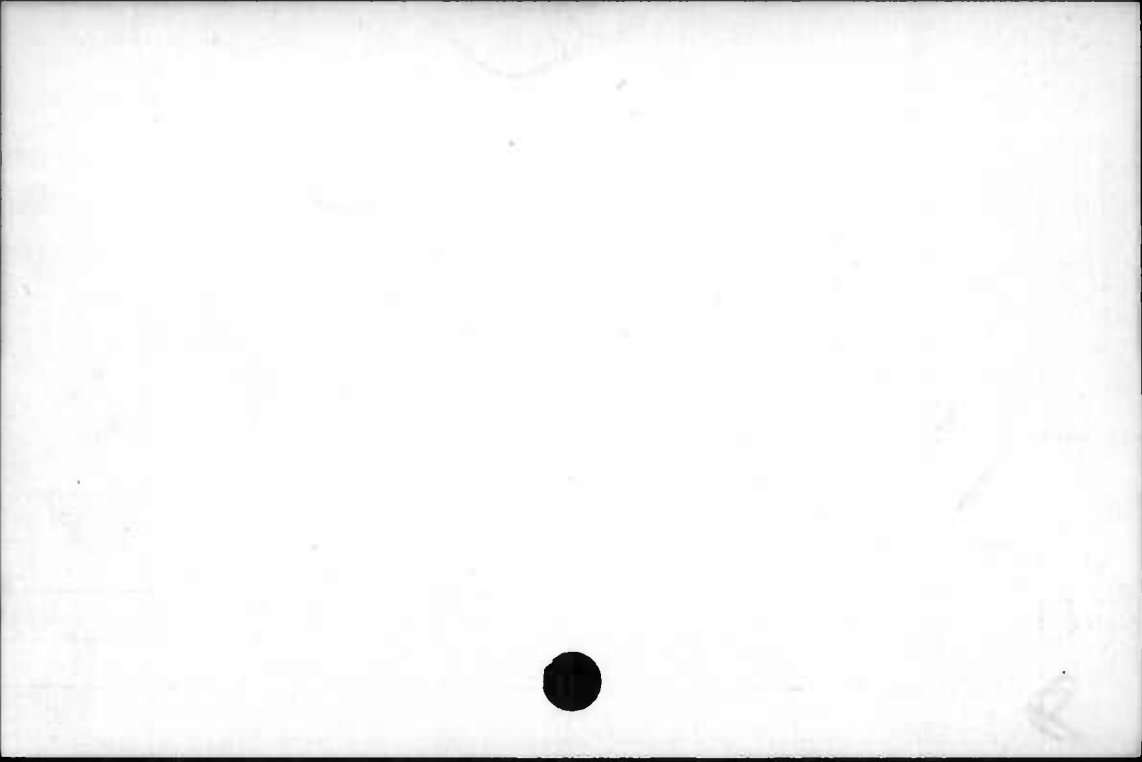
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Buttertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	1906	Month	<i>Oct</i>	Day	<i>13</i>
Age		Years	<i>20</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>Col</i>	Birth-place	<i>MD</i>
Occupation	<i>Housewife</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Thos Blackston</i>		
Father's Name	<i>John Turner</i>		Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Carrie Bergen</i>		Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>Richard Seener</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>don't know</i>
Immediate	<i>As themin</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. S. Sumners</i>
		Address	<i>Chester Town</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Dennis S. Broadway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u>		County <u>Kent</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>U.S.</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>			
Father's Name <u>Dennis Broadway</u>			Father's Birthplace <u>U.S.</u>			
Mother's Maiden Name <u>Mary Miles</u>			Mother's Birthplace <u>U.S.</u>			
Name of person giving information <u>Mary Miles</u>			How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>a fever</u>	How long <u>10 days</u>
Immediate <u>Meningitis</u>	How long <u>16 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>J. W. H. Kelley</u>
	Address <u>Still Pond</u>
<u>2</u> Accident or Suicide?	<u>Ind.</u>

Still Pond



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Weston</i>		County <i>Mich.</i>			
		State <i>Mich.</i>		MARYLAND			
		Date of death 190 <i>6</i> Oct.	Month	Day <i>15</i>	Years <i>57</i>	Months	Days
		Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Kent Co Md</i>			
		Occupation <i>Laborman</i>	Where Residing if not at place of death <i>✓</i>				
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Saura Bradway</i>				
		Father's Name <i>John. Bradway</i>	Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Sybil Graves</i>	Mother's Birthplace <i>Kent Co Md</i>						
Name of person giving information <i>Benjamin Bordley</i>	How related to deceased <i>Stepson</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>	<i>(64)</i>		How long <i>2 hours</i>			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Howard</i>				
			Address <i>Weston Md</i>				
Accident or Suicide? <i>✓</i>							

Chester town Colored
Cemetery, John N. Todd
Undertaker

Name
In
Full

Aunie E Bryan

CERTIFICATE OF DEATH

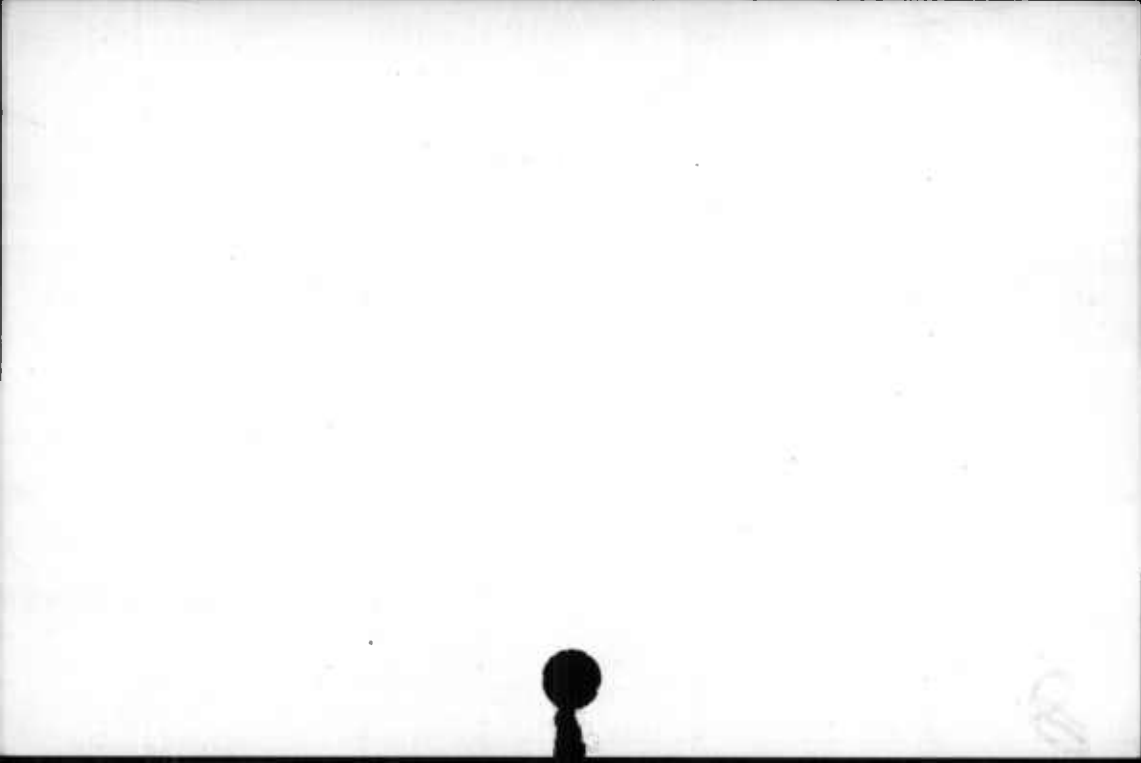
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death		1906	Month Oct	Day 21	Age 47	Months	Days
Sex Female		Color or Race White		Birth-place Md			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Joshua Bryan					
Father's Name —		Middletown		Father's Birthplace Md			
Mother's Maiden Name —				Mother's Birthplace			
Name of person giving information Mrs Bertha Jones				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of breast	How long	9 mos. (about)
Immediate	Exhaustion	How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. G. Simpkins	
		Address	
		Chestertown, Md	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

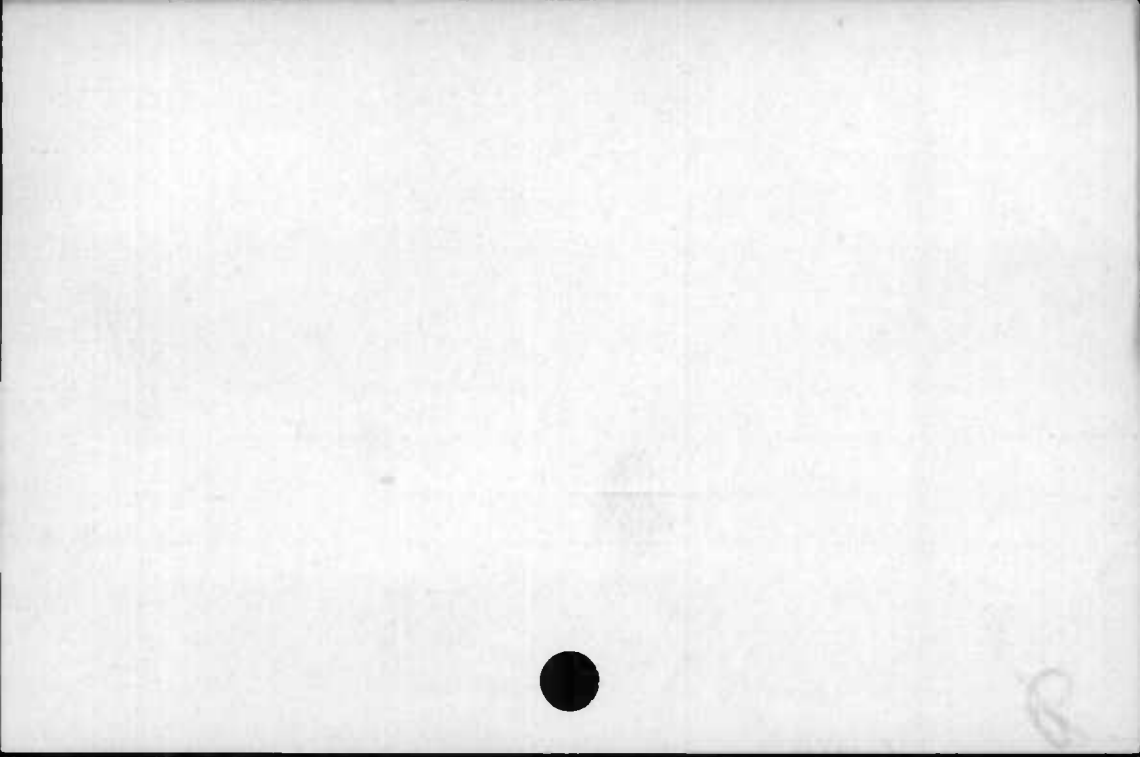
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Buchanan</i>		Town <i>Near Chestertown</i>		County <i>Tent</i>		STATE <i>MARYLAND</i>	
Died at <i>Near Chestertown</i>		Month <i>Oct.</i>		Day <i>20</i>		Years <i>About 56</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Near Chestertown.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Edw H Emory</i>		How related to deceased <i>no relation Employee</i>					

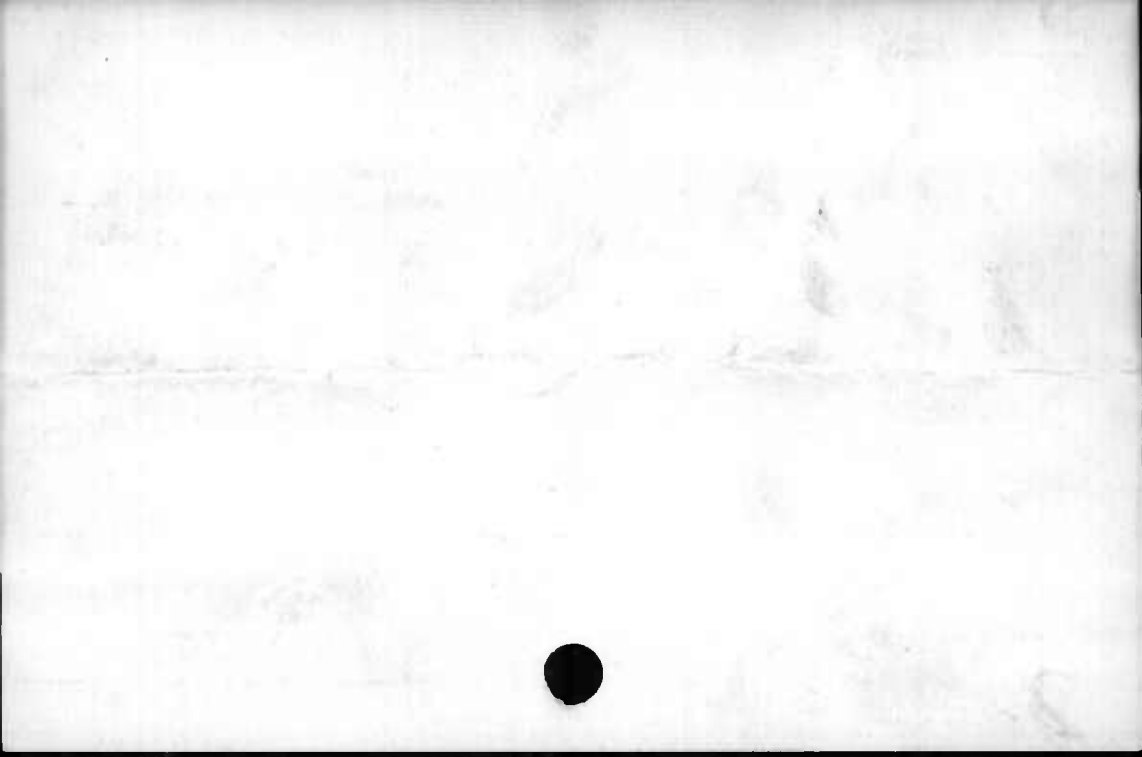
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>at least 1 year</i>
Immediate <i>Congestion of liver and indigestion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmonds</i>
	Address <i>Chestertown, Md.</i>
Accident or Suicide? <i>No</i>	



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Farmee</u> <small>Town</small>		<u>Newt.</u> <small>County</small>		MARYLAND
	Date of death <u>1906</u>	Month <u>Oct.</u>	Day <u>9</u>	Age <u>1</u> Years	Months <u>5</u> Days <u>—</u>
	Sex <u>Male</u>	Color or Race <u>African</u>		Birth-place <u>Fairlee Md</u>	
	Occupation			Where Residing if not at place of death <u>—</u>	
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband		
	Father's Name <u>James S. Comer</u>			Father's Birthplace <u>Newt Co Md</u>	
	Mother's Maiden Name <u>Abbie Valley</u>			Mother's Birthplace <u>Newt Co Md</u>	
Name of person giving information <u>James S. Comer</u>			How related to deceased <u>Father</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Cholera Infantis</u>		How long <u>2 days</u>		
	Immediate <u>Dysentery</u>		How long <u>1 1/2 days</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank W. Smith, M.D.</u>		
			Address <u>Farmee Md</u>		
<div style="display: flex; justify-content: space-between;"> 8 Accident or Suicide? LIBRARY OF THE U.S. ARMY </div>					



Name
in
Full

Baby Dorsey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coleman</i>		Town		County <i>Kent</i>		MARYLAND							
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>6</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>2</i>	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Jeremiah Dorsey</i>				Father's Birthplace <i>md</i>									
Mother's Maiden Name <i>Maggie Brooks</i>				Mother's Birthplace <i>md.</i>									
Name of person giving information				How related to deceased <i>Father.</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Immature Birth.</i>		How long <i>(51)</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician <i>L. P. Chubb M.D.</i>		Address <i>Still Pond md.</i>	
Accident or Suicide?			

Coleman

Name
in
Full

Nelson Ford

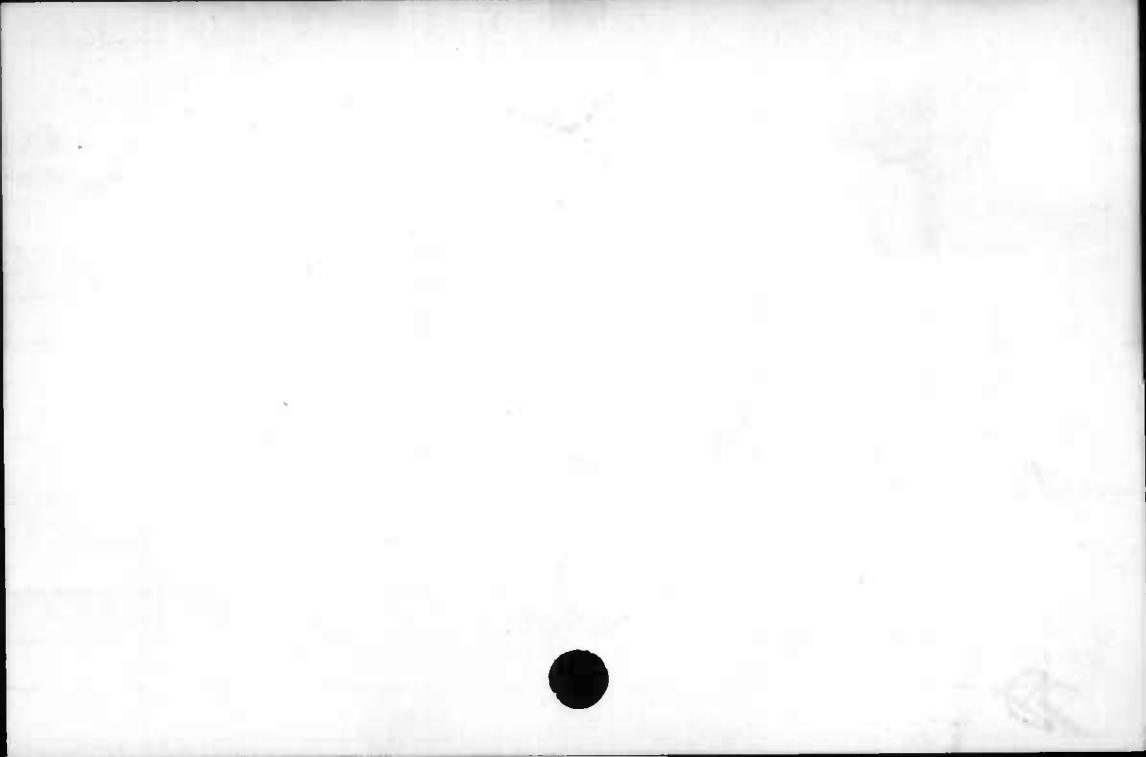
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mechota</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	31
Age	11	Years	11	Months	
Sex	Male	Color or Race	Col	Birth-place	Ind
Occupation	School boy		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Sandy J Ford			Father's Birthplace	Ind
Mother's Maiden Name	Carrie Wright			Mother's Birthplace	Ind
Name of person giving information	Father			How related to deceased	

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. G. Simpson</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Charles. Forman



CERTIFICATE OF DEATH

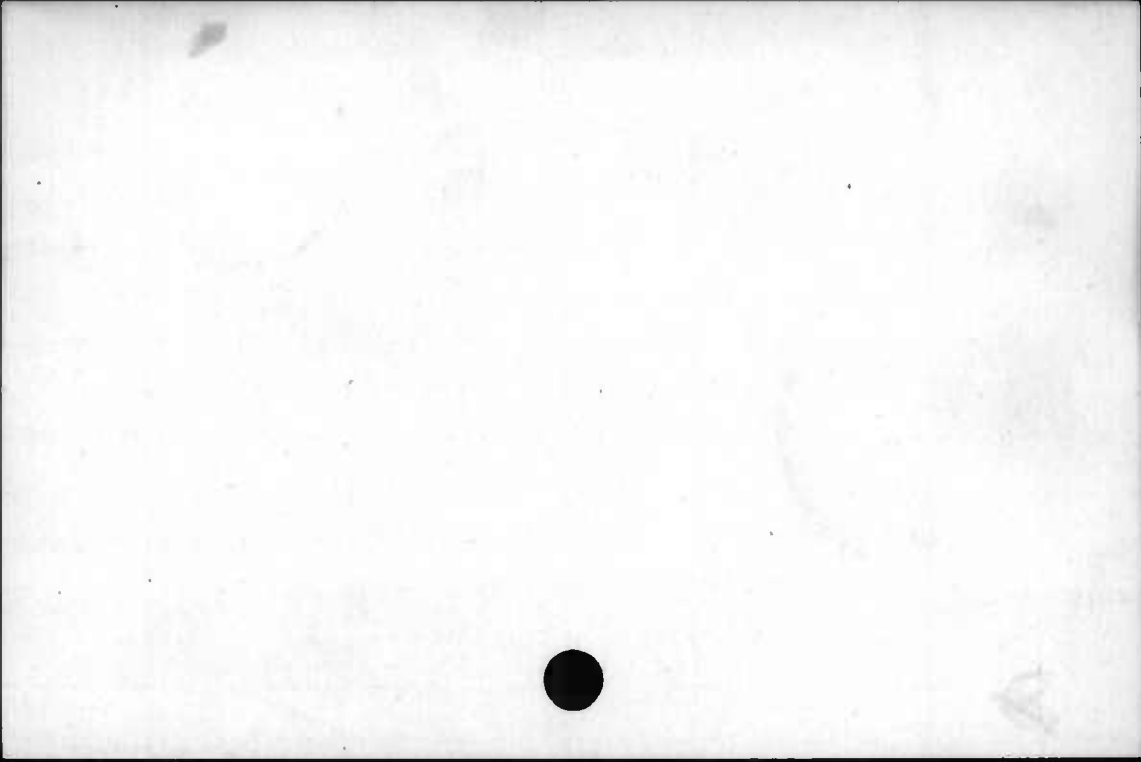
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Oct.	Day	15	Age	26
Sex	Male		Color or Race	Black		Birthplace	Kent Co Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Chas. Forman					Father's Birthplace	Kent Co Md
Mother's Maiden Name	Sarah Corle					Mother's Birthplace	Kent Co Md
Name of person giving information	Benjamin Derry					How related to deceased	none

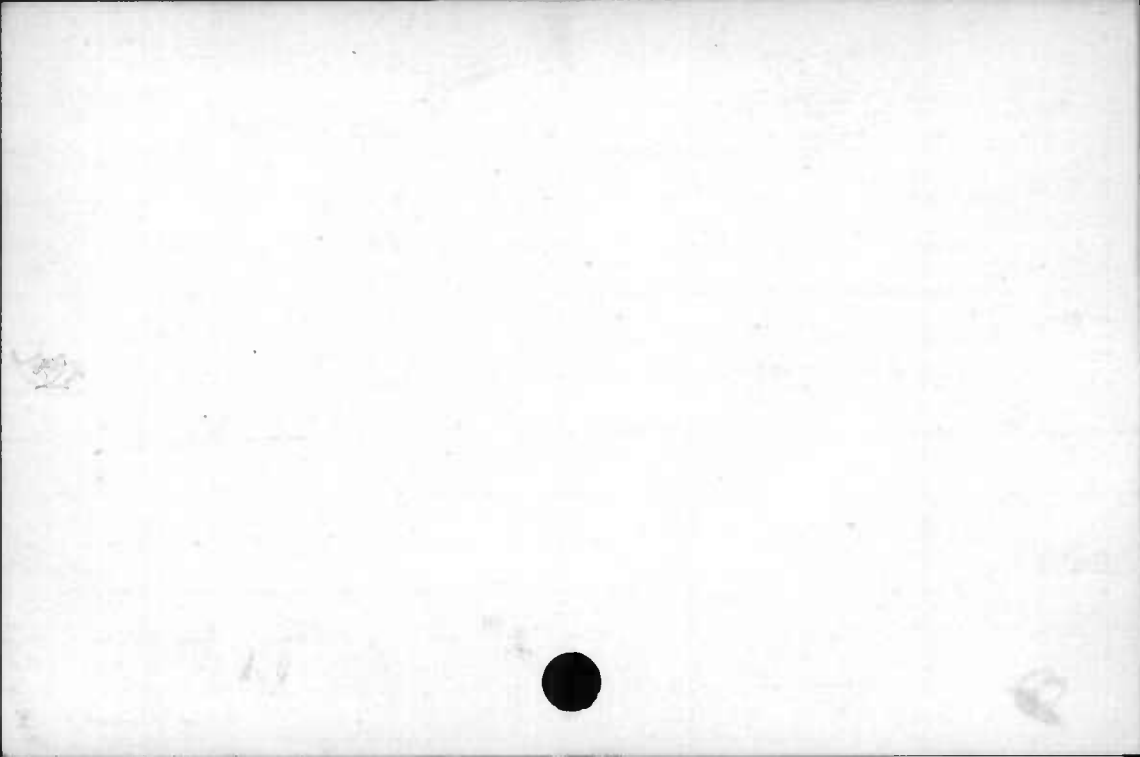
CAUSES OF DEATH

PHYSICIAN
OR CORONER

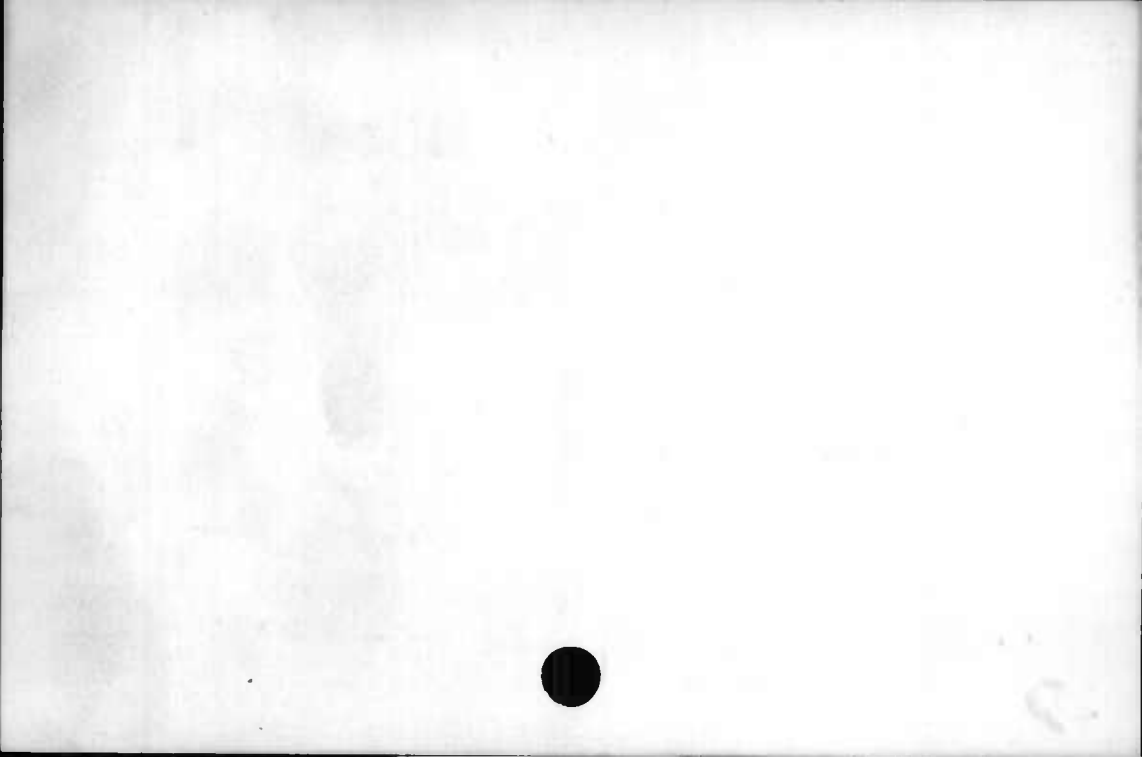
Primary	Consumption of Lungs		How long	Don't know
Immediate	Exhaustion		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		C. W. Wheland Md		
Address		Chesapeake Md		
				
				
Accident or Suicide?				



Name in Full James Hyland Fowler.		CERTIFICATE OF DEATH	
Died at Chestertown <small>Town</small>		Kent. <small>County</small>	
Date of death 1906 Oct. 10 <small>Month Day</small>		1 <small>Years</small>	
Male. <small>Sex</small>		White <small>Color or Race</small>	
no <small>Occupation</small>		Kent co md <small>Birth-place</small>	
no <small>Where Residing if not at place of death</small>		North point Kent co md	
Married, Single or Widowed		Name of Wife or Husband	
Charles Fowler. <small>Father's Name</small>		Kent co md <small>Father's Birthplace</small>	
Margaret U. Copper <small>Mother's Maiden Name</small>		Kent co md <small>Mother's Birthplace</small>	
Mrs. Copper. <small>Name of person giving information</small>		Embarked <small>How related to deceased</small>	
CAUSES OF DEATH			
Primary Measles Croup. (9)		How long 2 days	
Immediate Choking.		How long 8 hrs.	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician W H Land	
Address Chestertown md			
Accident or Suicide?			



Name in Full Mary E. Gosser		CERTIFICATE OF DEATH	
Died at Dulacres Town		Reech County	
Date of death 1906 Oct 27		Age 6 Years	
Sex Female		Color or Race White	
Occupation		Birth-place Kent Co.	
Where Residing if not at place of death			
Married, Single or Widowed Infant		Name of Wife or Husband	
Father's Name John Gosser		Father's Birthplace Delaware	
Mother's Maiden Name Annie Weston Gosser		Mother's Birthplace Maryland	
Name of person giving information John Gosser		How related to deceased Father	
CAUSES OF DEATH			
Primary Intero Calculation		How long One week	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. P. Gorman M.D.	
Address Millington Md.			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> ^{Town} <i>Kent Co</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>19</i>	Age <i>5-6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co</i>	Months <i>31</i> Days
Occupation <i>Not any</i>	Where Residing If not at place of death <i>Rock Hall, Md</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Saline Herrick</i>		
Father's Name <i>Benj. L. Leag.</i>	Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Margie S. Woollyhan</i>	Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Saline Herrick</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart-disease</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Math. J. Kelly M.D.</i>
	Address <i>Rock Hall, Kent Co.</i>
Accident or Suicide?	



Name
In
Full

Margaret A. Mathews

CERTIFICATE OF DEATH

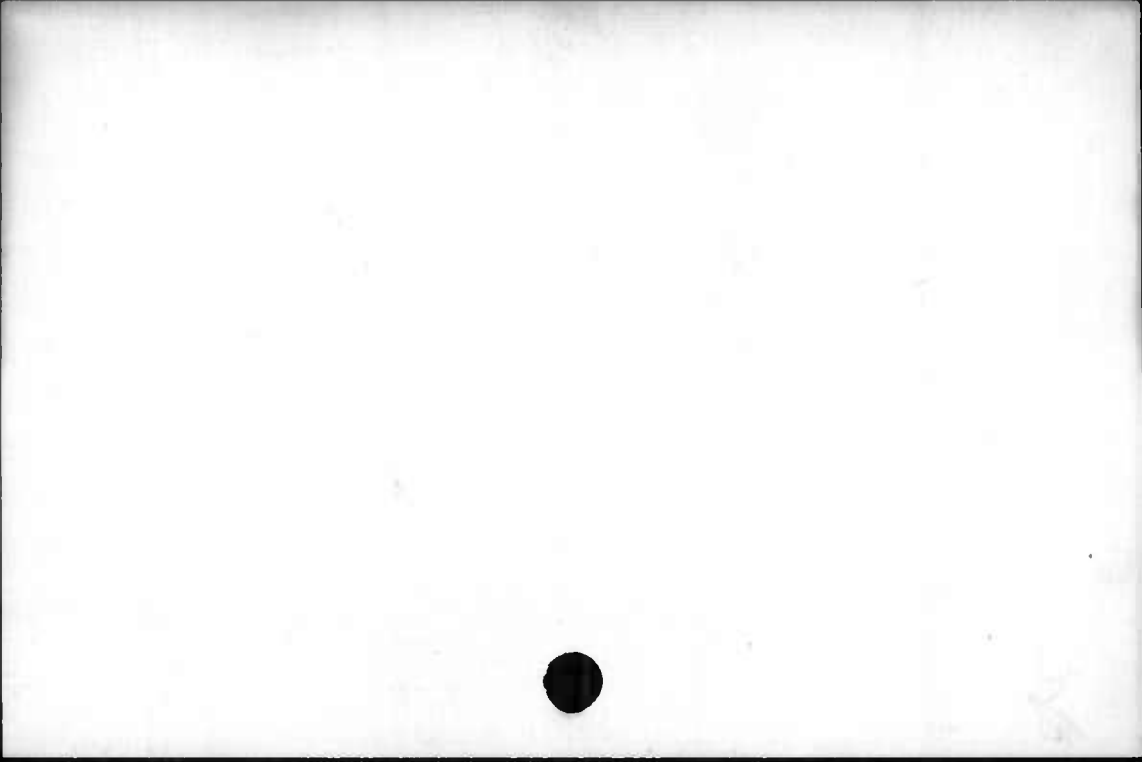
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Oct</u> <small>Month</small>	<u>20</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Del.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband				
Father's Name <u>Elias Silcox</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Margaret Mercer</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Mrs Alice Newcomb</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pericarditis</u>	How long <u>4 weeks</u>
Immediate <u>Exhaustion (cardiac failure)</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. J. Lunn per</u>
	Address <u>Chestertown, Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906 Oct.</i> ^{Month}	<i>23</i> ^{Day}	Age <i>68</i> ^{Years}	<i>1</i> ^{Months}	<i>1</i> ^{Days}	
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Med.</i>			
Occupation <i>Justice of Peace</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Melvin</i>				
Father's Name <i>Andrew W. Melvin</i>	Father's Birthplace <i>Med.</i>				
Mother's Maiden Name <i>Dusan Smith</i>	Mother's Birthplace <i>Del.</i>				
Name of person giving information <i>Alwyn M. Cull</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy (Cerebral) and</i>	How long <i>14 years</i>
Immediate <i>Cancer of Stomach -</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harry L. Deane</i>
	Address <i>Charleston, Md.</i>
Accident or Suicide? <i>8</i>	

Chester Cemetery
John N. Fadd
Undertaker

Name
in
Full

John Francis Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Still Pond</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>58</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>U.S.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Starling</i>				
Father's Name	<i>Unknown</i>			Father's Birthplace	
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	
Name of person giving information	<i>Mary Miles</i>			How related to deceased <i>wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture</i>	How long <i>8 days</i>
Immediate <i>Intracerebral hemorrhage</i>	How long <i>10 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Hortensius</i>
	Address <i>Still Pond, Md.</i>
Accident or Suicide?	

2401398

Quaker neck

Name
in
Full

George Edward Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Pomona</i> Town		<i>Kent</i> County			
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>27</i>
Age		Years	Months		Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Infant</i>		Where Residing If not at place of death	<i>Pomona</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Jm Edw. Miller</i>			Father's Birthplace	<i>Pomona</i>
Mother's Maiden Name	<i>Alfonsa Graves</i>			Mother's Birthplace	<i>Pomona</i>
Name of person giving information	<i>Jm Edw. Miller</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>2 months</i>
Immediate	<i>Nephritis</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. Berge Finmons</i>	
		Address	
		<i>Chestertown Md</i>	
Accident or Suicide? <i>No</i> <i>Saw the child once only in this illness on Oct</i>			



Name
in
Full

Sarah Scotton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hear Locust Grove*

Town

Kent

County

MARYLAND

Date
of death *1906*Month
*Oct*Day
13

Age

Years
*68*Months
*2*Days
—

Sex

*female*Color or
Race*White*Birth-
place*U. S.*

Occupation

*House wife*Where Residing if not
at place of death*— — —*Married, Single
or Widowed*Widow*Name of Wife or
Husband*— — — — —*Father's
Name*Greenwood*Father's
Birthplace*U. S.*Mother's
Maiden Name*Anna Meekins*Mother's
Birthplace*U. S.*Name of person giving
In formation*Miss Scotton*How related
to deceased*daughter*

CAUSES OF DEATH

Primary

Valvular heart disease

How long

2 weeks

Immediate

Syncope

How long

*a minute or two*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. M. Lanning*

Address

Galena Md.

Accident or Suicide?

PHYSICIAN
OR CORONER*filed 1906*

Galua.

8

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kennedyville</i> ^{Town}		<i>Trent</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct.</i>	Day <i>8</i>	Age <i>75</i>	Years <i>75</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Trent Co Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Kennedyville Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Surril</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>George Beverley</i>			How related to deceased <i>Son in law</i>		

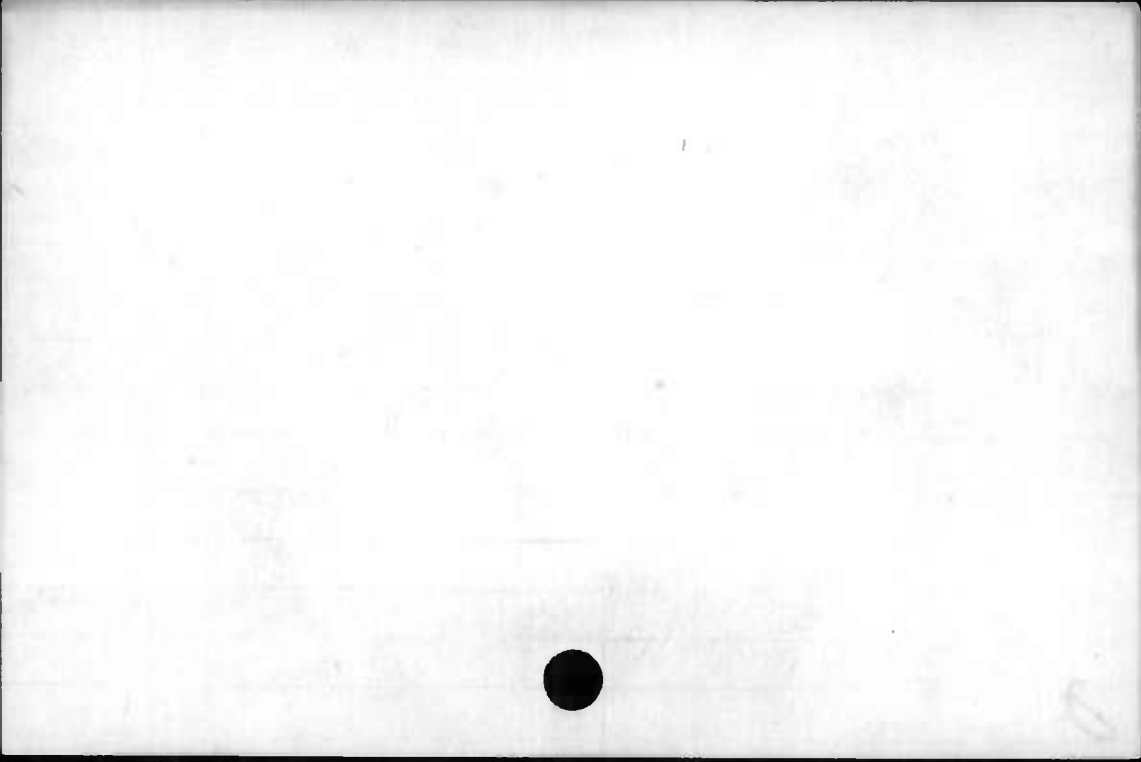
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spontaneous and old age</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S L Barwick</i>
	Address <i>Kennedyville Md</i>
Accident or Suicide? <i>—</i>	

Still Royal.

Name in Full		Infant Smith		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Chesestown</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND
	Date of death	<u>1906</u>	<u>Oct</u> <small>Month</small>	<u>31</u> <small>Day</small>	Age <u>-</u> <small>Years</small> <u>-</u> <small>Months</small> <u>-</u> <small>Days</small>
	Sex	<u>Male</u>	Color or Race	<u>Col</u>	Birth place <u>Ind</u>
	Occupation	Where Boarding if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	<u>Junior Smith</u>	Father's Birthplace	<u>Ind</u>	
	Mother's Maiden Name	<u>Marian Thomas</u>	Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>John Thomas</u>	How related to deceased	<u>Uncle</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Natural causes (no Rx attending)</u>			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. J. Simpson Sec.</u>	
			Address	<u>Local Board of Health Chesestown, Ind</u>	
	Accident or Suicide?	<u>No</u>			



Name
in
Full

Kessie Townsend

CERTIFICATE OF DEATH

MARYLAND

Died at *Tanber* TownCounty *Kent*Date of death *1906* Month *Oct.*Day *18*Age *35 yrs* Years

Months

Days

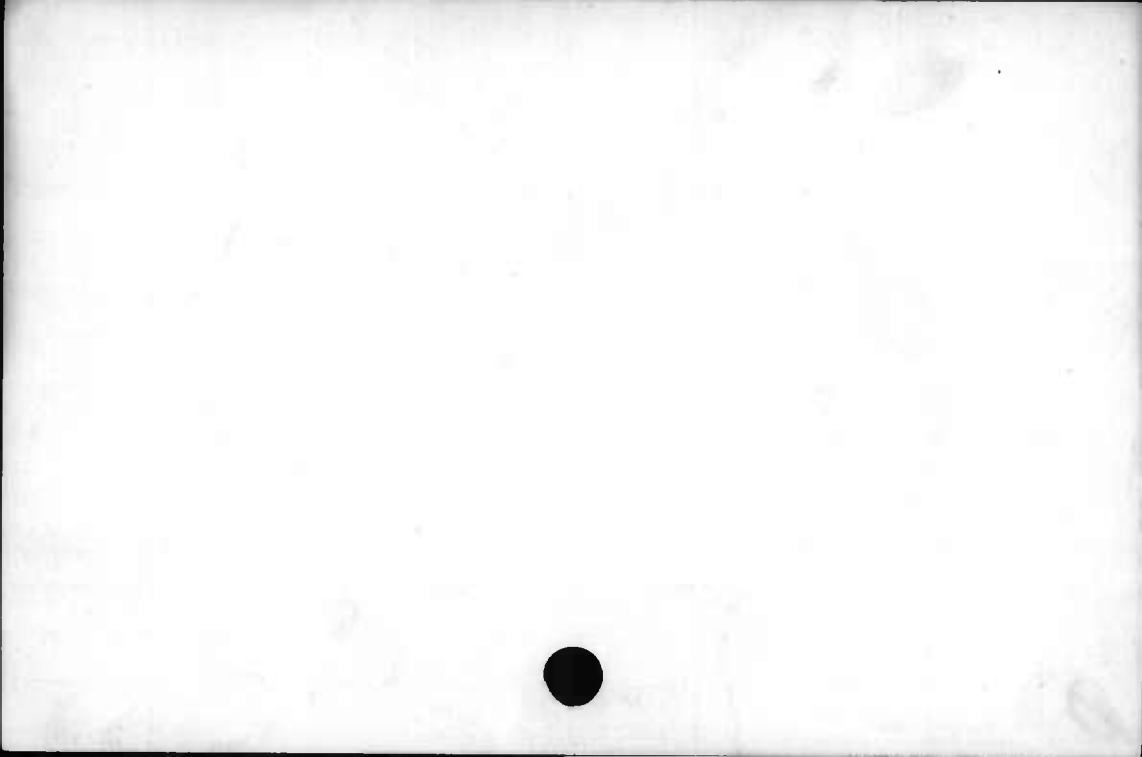
Sex *Female*Color or Race *Black*Birth-place *md.*Occupation *Housework*Where Residing if not at place of death *-*Married, Single or Widowed *by*Name of Wife or Husband *James E. Townsend*Father's Name *George Woodland*Father's Birthplace *md.*Mother's Maiden Name *Kella Crosby*Mother's Birthplace *md.*Name of person giving information *J. Townsend*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *2 yrs.*Immediate *asthenia*How long *2 1/2 mo.*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Frank E. Smith*Address *Tanber**md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
William Scandon		Still Pond		Kent		MARYLAND	
Died at		Date of death		Age		Months	
1906		Oct		27		17	
Sex		Color or Race		Birth-place		Days	
Male		White		Md		—	
Occupation		Where Residing if not at place of death					
apprentis							
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name		Father's Birthplace					
Charles Walter		Md					
Mother's Maiden Name		Mother's Birthplace					
Mamie Brinkman		Md					
Name of person giving information		How related to deceased					
John Walter		father					
CAUSES OF DEATH							
Primary		How long					
Accident. explosion.		9 hours.					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes.		W. S. Maxwell,					
		Address					
		Still Pond, Md.					
Accident correct ?							

Still Pond